To: Chair Roy M. Takumi

Vice Chair Linda Ichiyama

Members of the Committee on Consumer Protection and Commerce

From: \_\_\_ PA-C

\_\_\_ Clinic/Hospital

Re: HB935, Relating to Health, PHYSICIAN ASSISTANTS

Wednesday, February 13, 2019 at 2:00 pm, Conference Room 329

Position: STRONG SUPPORT

My name is \_\_\_\_ I am a physician assistant at \_\_\_\_ in \_\_\_ Hawaii and I strongly support HB935, this bill will modernize physician assistant practice laws.

* **Physician Assistants (PAs)** are highly trained and skilled medical providers that provide **SAFE, HIGH-QUALITY, and AFFORDABLE healthcare**.
* PAs work collaboratively with a physician in many medical specialties and settings.
* However, it is difficult to be or to use a PA in Hawaii due to antiquated restrictions.
* PAs can help to care for Hawaii residents impacted by the physician shortage.

Hawaii has a physician shortage of 797 physicians. Specialties most affected statewide include Primary Care, Infectious Disease, Colorectal Surgery, Neurosurgery, Rheumatology, and Endocrinology. 17.8% of Hawaii’s residents are 65 years old and older and their healthcare needs will increase with age. Physician Assistants can work in all of these specialties and help to extend the services of specialists who are in high demand.

PAs do not have their own statute in Hawaii. PAs were first added to HRS 453 in the 1970s. As it pertains to PAs, HRS 453 Medicine and Surgery in its current status is antiquated, restrictive, and creates an administrative burden for physicians and medical facilities to utilize PAs. Often, physicians or hospitals will not hire qualified PAs simply due to the State laws and administrative rules.

Since its creation in 1967, the PA profession has grown and matured by leaps and bounds to now the #3 job overall in the US and #1 in Healthcare according to 2019 U.S. News 100 Best Jobs. <https://money.usnews.com/careers/best-jobs/rankings/the-100-best-jobs> PAs can be an affordable option for the 797 physician that

HB935 modernizes HRS 453 to clarify the scope and practice of PAs to what is comparable on a national level. It continues to allow PAs to collaborate with, consult with, and refer to physicians and other members of healthcare team as indicated by patient’s condition and standard of care. It will allow the manner of collaboration between physician assistant and physician to be determined at the practice level with a practice agreement rather than State level. This will relieve the administrative burden and allow further utilization of PAs and increase access to care. PAs are not seeking independent practice – we seek to strengthen our collaborative relationships and individualize it at the practice level.

Thank you for the opportunity to testify in support of HB935.

**Quality and Outcomes of Care Provided by PAs**

**–** *A few studies that provide support to the safe, effective, high-quality care that PAs provide.*

1. Jackson, G. L., et al. (2018). Intermediate Diabetes Outcomes in Patients Managed by Physicians, Nurse Practitioners, or Physician Assistants: A Cohort Study. *Annals of Internal Medicine*, 169(12): 825- 835.

This study found that patients with diabetes who received primary care services at VA facilities from a physician, an NP, or a PA over a two-year period saw no significant variation in health outcomes. Authors conclude that “similar chronic illness outcomes may be achieved by physicians, NPs, and PAs.”

<http://annals.org/aim/article-abstract/2716077/intermediate-diabetes-outcomes-patients-managed-physicians-nurse-practitioners-physician-assistants>

1. Rymer, J.A., et al. (2018). Advanced Practice Provider Versus Physician-Only Outpatient Follow-Up After Acute Myocardial Infarction. *Journal of the American Heart Association*, 7(17): e008481.

For patients recovering from acute myocardial infarction, there was no difference in medication adherence, readmission, mortality, or major adverse cardiovascular events for patients seen by PAs and NPs and those seen by physicians. The authors also note that the prevalence of PAs and NPs providing follow-up for MI appeared to be less in certain regions (e.g., the southeast) due to licensure, supervision/collaboration, and scope of practice-related restrictions.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6201421/>

1. Yang, Y., Long, Q., et. al (2017). Nurse Practitioners, Physician Assistants, and Physicians Are Comparable in Managing the First Five Years of Diabetes. *The American Journal of Medicine*.

The article posits that the increased use of NPs and PAs is a potential solution to the issue of primary care provider shortages in the United States. In this specific investigation, the study found that diabetes management by NPs and PAs were similar to the treatment provided by physicians. Consequently, the researchers believe that employing NPs and PAs in a broader sense may combat the shortages of providers observed in the health care setting.

<http://www.amjmed.com/article/S0002-9343(17)30904-X/fulltext>